E K Russell
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THE CANADIAN NURSE

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager ..... MISS HELEN RANDAL, R.N.

VOL. XVIII. VANCOUVER, B. C., APRIL, 1922 No. 4

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Memorial Committee

Report of Monthly Meeting of Memorial Committee of the National Committee, held March 10th, 1922.

Re Placing of Memorial: Miss Dickson, accompanied by Miss Macdonald and Miss Potts, have had an interview with government officials at Ottawa. It was made plain that we would not be permitted to place a monument within the parliament buildings, nor on parliament hill; but it was suggested that we might be given a site in Major Hill park, which is also government property. Our representatives were told that the government would expect to have designs of the proposed memorial submitted before they would give permission for its erection.

Committees: A letter was read from Miss Potts, resigning her post as convener of the Ways and Means Committee. Miss Potts is being urged to continue the work, so it is hoped that she will do so, and that

the present plans which she is arranging with the provincial committees will not be interrupted.

Designs: A motion was passed that we ask the members of each provincial committee if they wish to submit the name of any designer and if so, to send that name immediately to the national convener.

Report from Provinces: British Columbia—Organization under way; Convener, Miss Elizabeth Breeze, 125 Vancouver Block, Vancouver, B.C. Alberta—No report. Saskatchewan—Progress made; some funds already collected. Manitoba—Progress in organization. Ontario—First funds have been collected. Quebec—Convener, Miss E. C. Rayside, Montreal General Hospital, Montreal. The Committee aim to have its full amount raised by June 30th. New Brunswick—Convener, Miss A. L. Burns, Moncton, N.B.; the Committee has been appointed and plans are being made for raising their portion of the money.

E. K. RUSSELL, Secretary.

Hospital and Training School Administration

By Amy M. Hilliard, R.N.
Troy, New York

The trustees of any school for the higher education of young women accept responsibilities not only to the student and her family, but to the public. The public has a right to expect that the graduates of such schools shall be better prepared to undertake responsibilities and to render effective service than those other members of society who have been less favored by fortune and opportunity. The parents of prospective students will give very careful consideration to the reputation of the school for maintaining high standards of education in its faculty and student body amid surroundings calculated to make for character building, and the school which stands the test of time will have gained a reputation to be envied by those who have been content with lesser ideals. Opportunity and advertising may carry a school on for a time, but no school for young women will flourish long unless it rests upon a reputation for work well done; such a reputation will be particularly required by the fathers and mothers of the community. The student seeks education because she has awakened in her the consciousness that without it she will be unable to understand or fully enjoy the life which surrounds her, that she will be able to render but a limited and unintelligent service, or she may seek it only because her parents desire its benefits for her. Whatever the reason for its seeking, it is encumbent upon the Boards of Trustees to see that her confidence, that of her parents and the community at large shall not be misplaced.

The Boards of Directors of Schools of Nursing not only have all the obligations encumbent upon those who direct other schools for young

women, but they have in addition, and in common with other professional schools, a very distinct obligation to the profession into which the student will seek entrance upon graduation. Unlike that of all other schools, the course of instruction must of necessity be carried on simultaneously with the work of a hospital in its care of the sick, twenty-four hours a day and seven days a week. This does not mean that the student should be on duty long hours daily for seven days a week; such a course would be not only unjust, but unintelligent, and in the end would defeat the objects for which the school was incorporated; as parents, friends, and the very public it was designed to serve would advise students against seeking education under such impossible conditions.

The greatest handicap that Schools of Nursing have struggled under has been and still is the lack of consideration given by the very persons who should stand strongest behind them (I mean their Board of Directors). Their need, like the need of all schools, is for a sound financial basis upon which to work. Do we expect schools for teachers to operate without funds from the municipalities or the state? Why should not such funds be available for those who are being prepared to teach health conservation and disease prevention? Why should we expect the hospital (which if well run and for the benefit of all the community must be run with a deficit) to furnish all such funds?

Schools of Nursing, at least in this country, came into being by the insistence of Boards of Directors. For a long time they received scant cordiality from either the hospitals or the medical profession. Groups of public spirited men and women insisted upon better care of the sick inside and outside hospitals, and to meet this need Schools of Nursing were called into being, and the earliest of them were financed by independent funds. I regret to say that, due to near-sightedness, or politics or other exigencies of the situation, all except one have fallen from grace. If the School of Nursing is to do the work in the hospital and in the community, that is its birthright; it is high time that our Boards of Directors should look after its independent financing. Lack of money has been the chief obstacle in the path of its development and progress, and has been the cause of much unnecessary sacrifice of student nurses.

All good hospitals operate with a deficit. The better the hospital, the larger the endowment or deficit. The reason is not far to seek. Only a very small proportion of even the private room patients really pay fully for what they expect. In reality a hospital is a hotel for the sick. It has all the expense of maintenance of other hotels plus that of medical attendance, nursing attendance, special departments, such as the operating rooms, the pathological laboratory, the X-Ray, radiocardiograph, metabolism, dispensary, diet kitchens, hydro-therapy, pharmacy, social service, ambulance, etc., to say nothing of additional laundry and employees. Medical and surgical supplies alone furnish a very substantial proportion of the money output, but what patient ever thinks of paying for them? In fact, what proportion of hospital patients expect to pay even the same

amount for hospital accommodations as he would be obliged to pay for hotel accommodations in the same city? This is a queer form of reasoning on the part of the public, very few of whom want to feel that they are accepting charity, but it is a view that must be taken into consideration by those who are responsible for financing hospitals and Schools of Nursing.

If the hospital is not to receive at least as much revenue from its private rooms as would be paid for accommodations of a similar character in local hotels, how can we reasonably expect it to efficiently run not only its kitchens, laundry and engine rooms, all the special departments, and in addition to find the finances for maintaining an educational institution which must be on a par with other schools of the community? I have nothing but the highest praise for the efforts that hospitals have put forth to honestly meet the obligations placed upon them, and I am willing to admit, when I recall to mind the long line of splendid women who have been the product of their teachings, that they have done well, for what these women have done the hospitals have made possible. But do we continue the apprentice system in education today because some good workmen were produced by it? Have we not found a better form of education?

If the first consideration for the successful school must be that it rest upon a firm financial foundation, surely the next consideration must be given to its faculty. No school ever was or ever can be better than the leadership given it. The principal of the School of Nursing must be selected with as much care as the principal of any other professional school. She must be well educated fundamentally and professionally, and in addition she must have executive ability and leadership. It is the solemn duty of the Board of Directors to find such a woman to take charge of their School of Nursing and not appoint someone because she has acceptably taken care of their children, or because she gets on well with the doctors, or is a good surgical nurse. A competent principal will draw about her women of like ability and aspirations, but she must receive the active backing of her Board of Trustees and School Committee if she is to weather the storms that are sure to arise when she must run counter to tradition, prejudice or convenience. President Hadley once said that a strong student body will make a strong faculty, but my experience and observation lead me to believe that the stronger the faculty, the more strong will a surely student body be the result. I think that the consideration given to providing adequate school accommodations, such as class rooms, laboratories, libraries, dormitories and recreation halls has resulted in the erection of some very attractive and well appointed school buildings, but such buildings are the exception rather than the rule. By co-operation with one another and with the other schools of the community, Schools of Nursing could conserve effort and avoid duplication of work, and a few of our best schools are beginning to see the light in this direction and their leadership in co-operation, for better teaching is sure to be followed by an increasing number of schools each

year. No principal (no matter how able she may be) can maintain a progressive school without a strong teaching staff. Intelligent financing and co-operation with other good schools of the community will be needed in order to obtain the services of a desirable staff of instructors.

The curriculum has been given years of study by a large group of nurse educators, and as a result of their collaboration the National League of Nursing Education, several years ago, published what has become known and generally accepted as the Standard Curriculum for Schools of Nursing. This can only be adopted if the school has an adequate and well qualified staff of instructors.

In this democratic country of ours much has been done and much more may be done with very limited beginnings, but a School of Nursing can not develop the nurse administrator, the public health director nor the private duty nurse that the public needs unless noble-minded, level-headed, well-educated women enter Schools of Nursing. If the care of the sick is a community problem, which we all concede it to be, is it not a community responsibility to see that Schools of Nursing have the necessary status educationally and legally to plant them on a firm foundation so that their product, the graduate nurse, will not be forced to meet on an almost equal footing the graduates of short course schools? Is it reasonable to suppose that large numbers of educated women will enter Schools of Nursing if, when graduated, they find that the public accepts the short term nurse on an equal standing?

Every short term school by its advertisements, "Be a Trained Nurse," and by its product, "the professional nurse," belittles the legitimate School of Nursing and makes just so much more difficult its maintenance and development. If such schools would be honest and place quite frankly before the public the limitations of their graduates and call them attendants or some other name that would be readily understood, they could serve instead of exploiting the public.

This problem should not be left to the nurses to struggle with. If the community expects thousands of young women to go into Schools of Nursing and give two or more years of their lives taking care of the sick in hospitals, it seems to me that it is the community's responsibility to make them feel that their services are appreciated and their educational status recognized. The community has no right to complain of shortage of nurses in Schools of Nursing nor in any of the avenues of nursing work until it has fully met its responsibilities in this matter. How often do we find the community taking any active interest in recruiting students for Schools of Nursing? Is it fair that this task, in addition to that of teaching students and supervising the care of the sick in a hospital, should fall upon the principal of a School of Nursing? Is any other principal expected to carry such a heavy responsibility? The community has come to depend almost exclusively on students in Schools of Nursing to care for hospital patients practically gratuitously:—they very seldom appreciate the value in dollars and cents to the hospital of this intelligent and

willing service. Viewed from the teachings of our Lord and Master, who have been the greatest philanthropists during the past fifty years in hospitals, those who have erected wonderful buildings dedicated to the care of the sick, or those who have spent the best years of their lives in giving bedside care to the sick?

Boards of Managers should acquaint themselves in detail with the essential factors for the development and maintenance of a School of Nursing; they should see that it is comfortably housed, and in connection with a hospital that has not only gained the confidence of the public, but is ranked in class "A" by the American College of Surgeons and State Board of Charities. They should see that the finances of the school will make possible the appointment of a strong teaching staff and the development of reasonable social, educational, and recreational activities outside the hospital,—in other words, they should make the school a place where they will be eager to send their daughters instead of their maids.

—*The American Journal of Nursing.*

Tuberculosis Training for Nurses

Dr. BAKER
Superintendent Central Alberta Sanitarium.

Tuberculosis is receiving an ever increasing amount of attention. This is an effort to reduce its fearful toll of mortality and morbidity. In this commendable endeavour, the medical and nursing professions have serious responsibilities.

This is a period of unrest in almost every sphere of activity in this country, and time-worn beliefs are being critically examined. Those which successfully bear the test of scientific scrutiny survive, while those which are merely expressions of superstition and tradition are being cast aside.

Are we keeping in touch with the steady advance in the knowledge of tuberculosis, or have we failed to readjust ourselves to the newer views regarding its incidence, course, treatment and control? This is a question which should engage the earnest consideration of all who are interested in the improvement of living conditions in this country.

Do you know that one out of every ten deaths is due to tuberculosis? Do you know that every third person dying between the ages of 15 and 40 dies of tuberculosis? Do you know that the disease is largely preventable? Do you know that it is curable?

New York City has decreased its tuberculosis deaths from 1,974 in the last quarter of 1913, to 1,294 in the last quarter of 1920, i.e. over 34%. How? By systematic, continuous work of a constant personnel, through free laboratories, clinics, home supervision, temporary institutional care of hopeful cases and hospital care for the advanced ones, and

by general improvement in the peoples' hygiene. In Alberta we should be able to decrease our estimated rate of 85 per 100,000 of net population.

The disease is curable, and this is its natural tendency in adults, but not if too advanced. In this latter condition it can be controlled to a great extent.

Whether the individual be affected with a diseased heart, a cirrhotic liver, a diseased pair of kidneys, an amputated limb, or pulmonary tuberculosis, he or she has limitations and must lead a guarded existence from one or more standpoints. The recognition of this fact of sub-normal persons, and the provision of conditions under which they may live in the greatest degree of usefulness to the community and enjoyment to themselves is already becoming universal.

Such a widespread disease as tuberculosis requires expert nursing attention. How can this be given if our nurses have no experience with its early manifestations, its treatment and control? Where, in this Province, is such training given? It is that the members of the Alberta Nursing Association may keep the noble ideals it has set up that no time should be lost in securing for nurses-in-training both practical and theoretical knowledge of this common disease.

Such a training will do much to remove that fear of contracting the disease which so many nurses share with the public at large. It is essential here to distinguish between a proper respect for tuberculosis and the laws which it follows, and the blind fear of ignorance which carries us back to the days when night air was considered fatal for consumptives; and typhoid fever was said to result from the breathing of offensive odors. The observations of many keen students in various countries have established, quite conclusively, that nurses and doctors working in sanatoria and tuberculosis hospitals do not contract this disease in any greater numbers than do those doing routine general hospital work. Likewise, the so-called tuberculosis resorts are reported to have no greater incidence of the disease in the healthy population than do normal communities. These, I believe, are plain statements of the facts, and anyone who is skeptical of these is invited to investigate available evidence.

But the fear of contracting the disease is very widespread and many cannot yet convince themselves that the technique in dealing with it is a special one and very efficient as regards contagion. Gasoline is a dangerous liquid in the hands of children and of irresponsible adults, who do not know or observe its law of action, not so with those experienced. This is a crude comparison, but carries its point. However, actual nursing contact with tuberculosis, and the failure to contract it, before long would give us a body of nurses qualified to serve the individual suffering from the great white plague, and competent to protect themselves and the public from appreciable danger. The value of asepsis and antisepsis has been forcibly brought home to all, and many homes today have antiseptics to use as a first aid measure. Few of us, however, have stopped

to consider the loss of life and health through preventable respiratory diseases. Again, someone will ask if it is safe to have nurses in this work. Yes, experience has so proven, provided proper methods are used; but for the present I would bar the girls from isolated quarters, who may never have been slightly infected. I sometimes wonder if it would not be wise to subject all probationers to a tuberculin test to determine, if possible, those who have a possible degree of immunity, just as at present use is made of the Schick test for diphtheria.

I hope there are very few graduate nurses who refuse to attend any case because of fear of contracting the disease. And yet I have been told that in one of the largest hospitals in the Province that as soon as a diagnosis of tuberculosis has been made, that the nurses are afraid to do the routine work. Every few days application is made for the immediate admission of a patient to our sanatorium from some hospital because, a diagnosis having been made, the case must be moved at once. Why is this? I feel sure that the fault lies in the lack of education, and failure on our part to provide accommodation for the disease that kills one in ten of our population. Should not every hospital be equipped to effectively take care of respiratory diseases? I leave the answer to you.

The time has passed when tuberculosis was considered an hereditary disease. Koch demonstrated to us in 1882 the tubercle bacillus as the cause of tuberculosis, and following this wonderful discovery it was thought that with isolation and segregation of all cases and proper anti-spitting laws, that infection could soon be prevented and so the disease wiped out. But this last belief has all but gone and we are recognizing that widespread infection—not disease—is a normal condition of our society, and, as such, is probably a blessing in disguise, and that until we have a specific cure or preventative, what must be aimed at is not elimination of all infection, but rather the prevention of the disease—tuberculosis. In this work the medical profession as leaders has its duty to perform in the diagnosis at the earliest possible moment, and in advising proper treatment; the nurses, because of their intimate contact with the patients and their friends, have even greater opportunities and possibilities for good in replacing grandmother beliefs regarding this and other diseases with the facts; and the general public has a duty to itself in paying attention to early evidences of beginning disease by insisting on a thorough examination and accurate diagnosis.

You are all aware that the tuberculin test, in the hands of an experienced operator, is considered a very reliable indication of the presence of tuberculous infection within the human body. You are also aware that the newborn infant invariably gives a negative reaction. Fishburg tells us that examination of 1,280 children among the poor of New York City showed that infants—those under one year of age, of tuberculous parents reacted positively in 15.15% of cases, those of non-tuberculous parents in 10.07%; those between one and two years in 55.10% and 33.33% respectively. After this the increase in positive cases was less

rapid, until at the age of fourteen, children of tuberculous parents were positive in 83.79% of cases; those of non-tuberculous parents in 75%. It is generally conceded that considering the country at large from 75% to 90% of all people now harbor or have harbored within their bodies living tubercle bacilli. So that, whether born of tuberculous parents or not, it seems that the vast majority of adults have been infected.

But of this large number comparatively few develop the disease known as tuberculosis. The Framingham Investigation discovered 1% of the population with active tuberculosis, and 1% with arrested disease. Of the 1,500,000 British troops on the western front in 1917-18, and of whom 75 to 90% were, no doubt, infected with tubercle bacilli, it is reported that tuberculosis was a cause of ill-health in only 2,881, and the deaths were 165. Allowing for the inaccuracy of statistics, it is apparent that there is a great discrepancy between the number who have received tubercle bacilli into their bodies and the number who become sick. On the other hand, aboriginal tribes die rapidly from an acute type. It may be that the acute fulminating cases we see are in those who have had no early infection.

How can we explain these confusing facts? There seems to be no doubt but that a mild infection in childhood with limited disease, perhaps unrecognized, confers upon the individual a degree of immunity or protection comparable with the protection following measles, scarlet fever, or smallpox. If the immunity were greater and also constant in degree, it is fair to assume that the disease would be less common.

In the light of these facts, in our condition of society, he who has no tuberculosis is unfortunate and a poor risk.

Tuberculosis in the infant is easily contracted and is apt to be a rapidly fatal disease. The death rate is large and is to be found chiefly in homes where there are definite cases of tuberculosis. It is to be noted that infants born of tuberculous mothers remain free from the disease provided post natal contact be prevented. It is in maternity work that the nurse has great possibilities for good outside of the immediate routine—perhaps there is evident tuberculosis in the house, perhaps the mother has a chronic cough, or there is a history of someone having suffered from manifestations of tuberculosis, such as a pleurisy, a slight hemorrhage, persistent cough. The tactful, well informed nurse, appreciating the danger awaiting the infant, may be able to so counsel the parents as to save the child and lead to the proper treatment of the afflicted person. This will be preventive medicine—practical, worth while and bringing results worthy of the members of your profession.

Tuberculosis in the adult, who has a degree of resistance, is a disease of exacerbations and remissions which may alternate for years, on the average about seven years. The more frequent the attacks the more serious their nature, until eventually an incurable condition is reached. It is evident, therefore, that utmost importance should be attached to

the prevention of these periods of relapse. What are some of the causes? Frequent definite infections with tubercle bacilli which probably lowers the resistance; certain infections as measles, influenza, typhoid fever, and others, which again cause a decrease in the degree of immunity for a time; pregnancy; poor nutrition; too great stress in whether from physical or mental work; too much pleasure or worry; unsanitary living and working conditions; poverty; alcoholism. Krause has said that any cause of disease is a cause of tuberculosis.

It is this clinical tuberculosis and not latent tuberculosis which causes the suffering, the poverty and death, and against which I believe we can make headway, by encouraging the co-operation of all in a determined effort to safeguard the individual from the factors which cause breakdowns.

Of equal importance is the recognition by everyone of certain almost sure evidences of tuberculosis, as pleurisy and hemorrhages, which if properly interpreted should lead to attention to this disease when it may even yet be in the curable stage.

If then all are infected, but few become sick, is it worth while to attempt control of sources of infection? Yes, first, because we must reduce the infant mortality; second, because frequent infection probably is a factor in producing sickness, and, third, because the same methods will reduce all respiratory diseases. The menace to the public lies less with the occasional consumptive and more with everyone who carelessly spreads all kinds of respiratory disease by failure to cover the mouth and nose in coughing and sneezing; by expectorating in public places; by hand to mouth contamination. Whether respiratory infection be dust-borne as stated by Flugge; a droplet infection as claimed by Cornet; or a hand to mouth one as suggested by Krause; whether one or all play a part, a degree of control is possible, and, as this is practised in hospitals and sanatoria, it is effective in preventing marked contagion. It is years since the golden rule was given to us: "Do unto others as you would that they should do to you." And may I apply it here—if you expect the consumptive to protect you, he likewise claims protection from your expectoration, your coughs and colds. How can the physician and nurse expect co-operation from the patient if he or she neglects to practise what is preached?

Tuberculosis is everywhere. It is estimated that only 5% of positive cases are in institutions. In the older and more organized communities than ours, it has been found that 50% of advanced cases are unrecognized—please note, of advanced cases. The fault of this may not be at the door of the medical profession either, for very frequently patients report for treatment years after the symptoms show themselves. Should not the training of children for life bring home to them the responsibility to themselves and others of not ignoring common symptoms of disease until incapacity results? Once more the problem is an educational one, and we need the help of nurses who are in close touch with the famili s, of the

teachers, of the churches, and of the various community organizations to make preventive medicine a real fact in our life.

It is estimated that one-third of active cases will benefit by institutional treatment, which means that in Alberta we have 1,500 or 2,000 people today who need treatment. They are in all stages of the disease. Is it safe to treat early cases without a positive sputum and late cases in the same institution? Yes, experience in Europe and America has proven it, provided we have proper equipment, a trained staff, and lastly and more especially, the co-operation of our patients.

What are the advantages of institutional treatment in early cases? I believe the chances of recovery are greater; and through education received, the possibilities of remaining well are greater than with home treatment in this Province. Nowhere else can one learn so quickly the habits, if I may so call them, of this disease as where all the types are seen, and nowhere is the importance of universal care in controlling infected material so great. Every discharged patient carries home to his friends information they otherwise would never learn.

What are the advantages of institutional care of the far advanced? The patient receives proper treatment and during the last year or two of life when he is of greatest danger to relatives and friends they are safeguarded from repeated, frequent exposures. This is apparently a real factor in development of the disease. Of the civilian patients admitted to the Central Alberta Sanatorium during the past year twenty-four gave a histroy of previous contact with tuberculosis. Of these, thirteen, or over 50%, had tuberculous parents; nine of these contacts were mothers; eighteen had a definite history of childhood exposure in their homes; only six attributed infection to other sources. Approximately two-thirds of our admissions have no knowledge of any contact. These figures are limited and are mentioned only for what they are worth.

In conclusion, let me say that in Alberta we can learn much from the older communities and so save valuable time if we will but profit by their experiences. Let us co-operate with them in insisting that our nurses-in-training and physicians-in-training be experienced in the manifestations and treatment of tuberculosis. This can be attained if our general hospitals have proper tuberculosis wards or pavilions, had if our sanatoria are in affiliation with nurses' training schools and medical schools.

I feel sure that before long the Alberta Nurses' Association will take definite steps to see that their splendid profession is properly qualified to more efficiently deal with the tuberculous patient and to more wisely counsel the public at large.

Read at the Convention of the Alberta Association of Registered Nurses, 1921.

Teaching Practical Work and the Value of Co-operation of the Ward Supervisors

By J. Y. Farquharson, C. & S. C.

In no other professional schools do we find better educational facilities than in our schools of nursing. Where else could one find such a splendid field for practice? And to make the best use of this opportunity, to see that our wealth of clinical material is put to the best possible use is one of our greatest problems in teaching practical nursing.

To do this we must have the co-operation of all the officials of the training school. Many superintendents hold weekly or fortnightly meetings of the staff to discuss methods, stimulate enthusiasm and hold before all the objects and aims of the training school. At these meetings head nurses will tell of deficiencies found in the pupils and of mistakes made; this will help the instructor make her classes of greater value. The instructor may show how the pupils are to get more from their ward work and how the head nurses may help by giving some bedside instruction. The instructors can tell what work is being taken up in class, and the head nurses may help the pupil by making suitable illustrations and applications to the ward work.

At these meetings the technique of the hospital should be discussed. So frequently we see different methods in practice throughout the hospital! If the staff, as a whole, discussed various methods, and selected the best from each, uniformity might be obtained. In standardizing any procedure the following points should be considered:—1. Efficiency of the method; 2. Its safety to patient, nurse and other patients; 3. The comfort and happiness of the patient and other patients; 4. Economy of (a) energy, (b) time, (c) materials; 5. Appearance; 6. Adaptability; 7. Simplicity.

Multigraphed copies of directions for each procedure should be made and a set kept in a loose leaf book in each department. When a change in technique is made, the necessary sheets are exchanged for new. Many hospitals furnish pupils with sets of their own hospital technique. This saves valuable time in class by lessening note taking and relieves the instructor of correcting many notes.

Sometimes good suggestions come from pupils. If these were discussed and adopted when worthy, pupils would be stimulated to more interested and thoughtful work, and the hospital would secure their co-operation to a greater extent.

A public demonstration at the end of the term does much to quicken the interest of pupils and graduates, and if officials from other training schools are invited valuable ideas may be exchanged.

It is very important not to give too much practical work in the probation course. Pupils will become confused if taught procedures far ahead of what they are practising. The sciences should be kept well abreast with the nursing, for on them intelligent work depends. Therefore, push the sciences during the first three or four months and go more slowly with the practical work, allowing plenty of supervised practice in a well-equipped demonstration room or on the wards. The practice classes must be fairly small, and more will be accomplished if all the pupils are asked to do the same thing at the same time. For example, on a quiet ward they can all make beds at once or all can take temperatures—or in a smaller group pupils may give their first bath.

Pupils will do better nursing if they have acted as patients and know how it feels. With a sufficient number of beds in the demonstration room, one half the practice group may act as patients while the others demonstrate lifting, moving, etc.

To record the amount of practice, many keep cards listed with procedures taught, and the pupils names, the card being marked up each time the pupil does a piece of work successfully. Frequently pupils are requested to practice during the study hour, leaving their work for inspection.

As the probationer seldom spends more than three or four hours daily in the hospital, her ward work must be carefully planned to give the greatest educational value and variety of experience. This is also important during the whole training period, for, if we are to attract young women to our training schools, we must give them the value of their services in good instruction and in opportunities, and not keep them at mere mechanical work long after they have become proficient in it.

Lectures in the special branches—obstetrics, pædiatrics, etc.,—should come when they are most needed, i.e., at the time the pupils are getting their special experience on the wards, and nursing classes in these branches should be conducted at the same time as the lectures are given.

The supervisor of each department is a specialist in her branch of nursing,—and, provided she is a bright, intelligent woman with an aptitude for teaching, who would be better fitted to teach this special line ot nursing? Who could better teach "nursing of infants" than the nurse in charge of the infant ward? What a wealth of clinical material she would have to draw from!

With supervisors responsible for teaching of their branches, greater interest in the educational side would be roused. The supervisor would avail herself more frequently of opportunities for bedside instruction, calling attention to symptoms difficult for the beginner to observe. She would encourage pupils to study the history of their patients, to follow up treatment and watch results, at the same time reading up special cases in the reference library.

One thing essential for teacher and taught is time for preparation. Who can prepare a lesson or do supplementary reading when worn out with a heavy day's work? On a busy ward, with too few nurses, frequently working overtime, teaching is often left far in the background. We must improve our working hours if our pupils are to get what is due them, from their practical work. But even as things are, could we not do better?

The instructor of nursing must be in close touch with the ward work, making rounds at stated intervals and keeping up with new ideas. She must also keep up her science and general reading.

Often pupils feel that there is a missing link between different departments of the hospital. Take, for example, the diet kitchen or the feeding pantry. When preparing a special feeding—does the pupil know from what complaint the infant is suffering? When the feeding is changed, does she know why? Or does the pupil on the ward always know what feeding she is giving to the baby, and why? This is a problem in itself and is worthy of much more discussion than we have time for.

In our training schools for nurses a great deal has been said and written about technique; we have made this pretty good. Much has been said recently about theory; this is improving. I do think we should pay more attention to the emotional and spiritual side of our training, and, while we are developing the "head" and the "hand," we must not neglect the "heart." We want women of generous spirit and true sympathy. Without this our training will fall short of its high aim.
Read at the C.A.N.E. Convention, 1920.

A Little of Everything

The Nurse

The world grows better year by year, because some nurse in her little sphere puts on her apron, grins and sings and keeps on doing the same old things, taking the temps., giving the pills, to remedy mankind's numerous ills; feeding the baby, answering bells, being polite with a heart that rebels. Longing for home, and all the while wearing the old professional smile. Blessing the new-born babies' first breath, closing the eyes that are still in death; taking the blame for the doctor's mistakes. Oh, dear! What a lot of patience it takes! Going off duty at seven o'clock! Tired, discouraged, just ready to drop, but called back on special at seven-fifteen with woe in her heart, not to be seen. Morning and evening, noon and night, just doing it over, hoping it's right. When we lay down our caps and cross the bar, dear Lord, will you give us just one little star to wear in our crown, with the uniforms new in the great ward above, where the head nurse is You?

—*Toronto Globe.*

The Next Thing to Do.

Now that women have been given a place in the political life of the country, it gives one who thinks even a little bit some very serious moments, and although I do not mean to say my thoughts are worth giving to others, a few that came to me on leaving a meeting not long ago might perhaps make someone who could think something worth while agree with me that women at present are too personal—that, although wanting big things, they are like the dog in the fable taking the shadow for the substance, and not able to leave the personal feeling out.

Looking back over the history of the world, the great things that have been accomplished by men have been through tribulation often, and friends have at times become enemies, when a little understanding could have made things clear, and have peace instead of war.

Are we as women not going to show men that we have learned the better way? Let us have our differences of opinion, for, if we have minds to think with, we must have differences, but, when a point has been thrashed out and won, let the opponents remain friends and not carry the difference arising in a meeting into the social side of life. When we learn this, we have gone a long way on the road to becoming good citizens; when we put the good of a cause first and are ready to sink our own personality for the good of that cause, caring not at all to whom is given the credit so long as the community at large benefits, by the action taken or deed done; when we can extend the hand of good fellowship to all who are working for the good of mankind with no personal animosity coming in; then, and not till then, have we any right to feel we are fit to take part in the government of the country.

Watching one evening a golden sunset from across a harbour where there was nothing to be seen on one side but mountains and on the other a valley, the harbour between just a path of gold stretching up and covering the mountain tops with gold—no crimson, just pure gold—one of the thoughts that came was this: We women are now in the valley of hope. The way across the mountain tops we hope to reach is golden with the big promise of success at the top. But over that golden road only pure motives and strong endeavour will carry us. For the God of Love, Who reads us all aright, teaches that Love, not hate, is going to be the power by which woman will win her way and make the world a better place for those who follow her across the golden road to the mountain-tops of success. For only on the hilltops will come the big vision of the things unseen—the Christ vision which will revolutionize the world.

SIBELLA A. BARRINGTON.
Infants' Home & Women's Hospital,
Halifax, N.S.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

Announcement to Readers:

(Owing to an unfortunate accident in the mails and a subsequent misunderstanding with the printers, the proof of the lecture on this subject published in the March issue of the CANADIAN NURSE did not reach the author and was, therefore, not returned corrected before publication. The account published on this subject on page 140 had therefore not been vised by the head of the British Nursing Service, and is, therefore, not official, although the facts stated are all substantially true. The manuscript on this subject was returned by Lt.-Gen. Sir A. H. Goodwin, D.G.A.M.G., corrected and largely re-written by Miss Beadsmore Smith, G.B.E., R.R.C., Matron-in-Chief of the British Army Nursing Service.

We have great pleasure in publishing below this official account of the subject, with apologies for the erroneous statement made in the last issue that the account there published was officially authorized, and with grateful acknowledgment to the kindness of Lt.-Gen. Goodwin and Miss Beadsmore Smith for supplying us with this most interesting statement of the facts.)

LECTURE X.

SECTION 22.

NURSING IN THE GREAT WAR.*

(a) The British, (b) The Canadian, and (c) The American Army Nursing Services; (d) Edith Cavell, and others.

(a) THE BRITISH NURSING SERVICE.

This service, which is now known as the Queen Alexandra's Imperial Military Nursing Service, is a part of the British military system, and works with the Royal Army Medical Corps, in which Corps are enrolled the male nursing personnel of the army, who are trained under the officers of the Royal Army Medical Corps and specially qualified members of the Queen Alexandra's Imperial Military Nursing Service. These male nurses are men specially selected from the Royal Army Medical Corps, who receive a systematic training for three years and are required to pass examinations at the conclusion of each year of training before obtaining the certificate of efficiency as fully qualified male nurses, eligible for enrolment on the State Register as such.

During the late war, members of the Queen Alexandra's Imperial Military Nursing Service staffed all British military hospitals—from the casualty clearing station to the base. They had full authority and status in the discharge of the duties of their posts, and became the recipients of the highest honours which could come to women. They did not, however, receive relative rank, though graded for allowances on the officers' scale; and they retained their professional titles of "matron," "sister," and "staff nurse."

The British Army Nursing Service dates from the Crimean War,

*Copyright 1920

when public opinion was attracted to the valuable services rendered by female nurses to the sick and wounded soldiers in the Crimea in 1854-1856; Miss Florence Nightingale being the pioneer of the employment of female nurses in military hospitals.

On the 3rd February, 1866, a Royal Warrant provided for the regular appointment of female nurses to any military "general" hospital. The first lady superintendent was appointed at the Royal Victoria Hospital, Netley, in 1869; and, since 1878, female nurses have been employed in the army; but it was not until 1881 that the Army Nursing Service was inaugurated.

In the South African campaign of 1881, and in the Egyptian campaign of 1882, army nurses served in the hospitals for British troops. After the South African war of 1899-1902, the British Army Nursing Service was re-organized under the presidency of Queen Alexandra, with the title of the "Queen Alexandra's Imperial Nursing Service;" an auxiliary branch being then formed for the nursing of the wives and families of the soldiers.

On the outbreak of the European war in 1914, the Queen Alexandra's Imperial Military Nursing Service consisted of 300 regular members, and 200 members of Queen Alexandra's Imperial Military Nursing Service Reserve; a further reserve of 800 members from civil hospitals being earmarked for enrolment in the event of war; so that in August, 1914, 1000 reserve members were at once available for duty, and steps were taken to augment this number by fresh enrolments, 10,000 members being enroll3d during the war.

The regular members of Queen Alexandra's Imperial Military Nursing Service are women of high professional, social and educational status, selected for their special qualifications; and from their ranks were largely drawn the matrons required for the various British military hospitals in all overseas commands during the war. The reserve members of the service were called up for duty in the rank of sister or staff nurse, according to their experience and professional qualifications; some of those members who had previously served in the service joined in the rank of matron.

The matron-in-chief at the war office throughout the war was Dame Ethel Hope Beecher, G.B.E., R.R.C. She was responsible for the organization and administration of the Queen Alexandra's Imperial Military Nursing Service; its reserve; and all nurses working with this service who were required for home service and all overseas commands; as also for all hospital transports.

Dame Maud McCarthy, G.B.E., R.R.C., held the post of matron-in-chief to the British Expeditionary Force in France. (Special mention should also be made of the war work of Dame Sydney Brown, G.B.E., R.R.C., perhaps the most distinguished nurse of any in her time. M.E.B.)

The uniform of the regular service is grey with a scarlet cape. The reserve members also wear a grey uniform with a grey cape bordered with scarlet.

An appeal was made in the colonies for trained nurses to serve in the Queen Alexandra's Imperial Military Nursing Service during the war, and about 600 nurses responded to the appeal and served in the United Kingdom and in all overseas commands, east and west.

In addition to the Queen Alexandra's Imperial Military Nursing Service and its reserve, a large number of the British army nurses employed during the war belonged to the Territorial Force Nursing Service (now the Territorial Army Nursing Service). The matron-in-chief of this service throughout the war was Dame Sydney Browne, G.B.E., R.R.C.

The number of nurses serving in the United Kingdom and with the expeditionary forces overseas was as follows:—Queen Alexandra's Imperial Military Nursing Service, 10,300; Territorial Force Nursing Service, 8,000; Voluntary Aid Detachment Nurses, and partially trained nurses attached to Imperial Units and serving under members of the Queen Alexandra's Imperial Military Nursing Service, and the Territorial Force Nursing service, 10,000: Total, 28,300.

BIOGRAPHICAL.

Dame Ethel Hope Beecher, G.B.E., R.R.C., was trained nurse at the London Hospital when she was appointed sister-in-charge of an important surgical ward.

In the Boer war of 1899-1902 she was appointed from her training school for service in the Army Nursing Service and embarked for South Africa in 1899 as one of the Queen Alexandra specially Imperial selected Sisters for duty with the Army Nursing Service.

Mentioned in dispatches by the Commander-in-Chief from South Africa, and awarded the Royal Red Cross, 27th September, 1901.

In January, 1903, she was appointed principal matron in Queen Alexandra's Imperial Military Nursing Service at the war office, and was one of the pioneers in the re-organization of the Army Nursing Service when it became the Queen Alexandra's Imperial Military Nursing Service.

In 1910 she was appointed matron-in-chief, which post she held until August, 1919.

During the five years of war she was responsible for the administration and organization of the Queen Alexandra's Imperial Military Nursing Service and its reserve, which was increased from 300 to 10,300 trained nurses; and 8,000 partially trained nurses, to meet the requirements of the army at home and in all war areas.

Army nurses were despatched to France, Italy, Salonika, Egypt, Russia, Mesopotamia, India, and East Africa; and also to hospital ships and ambulance trains. On hospital ships alone nearly 1,000 nurses were employed.

For distinguished and devoted service during the war Dame Ethel Beecher was made a Lady of Grace of the Order of St. John of Jerusalem in 1917; and in 1918 was awarded a Bar to the Royal Red Cross.

In June, 1918, she was made a Dame Grand Cross in the Order of

the British Empire; and in 1920 a Chevalier of the Legion of Honour.

She retired from the Queen Alexandra's Imperial Military Nursing Service in August, 1919.

Dame Maud McCarthy, G.B.E., R.R.C., now matron-in-chief, Territorial Army Nursing Service, was trained nurse at the London Hospital when she was appointed sister-in-charge of important accident and surgical wards.

In the Boer war of 1899-1902 she was appointed from her training-school for service in the Army Nursing Service Reserve, and embarked for South Africa in 1899 as one of Queen Alexandra's specially selected Sisters for duty with the Army Nursing Service.

Mentioned in despatches by the Commander-in-chief from South Africa, and awarded the Royal Red Cross on the 19th November, 1900.

In March, 1903, she was appointed matron in Queen Alexandra's Imperial Military Nursing Service, and in April, 1910, she was promoted principal matron in the Q.A.I.M.N.S., at the war office.

In August, 1914, Dame Maud McCarthy proceeded to France with the British Expeditionary Force, where, as matron-in-chief of that Force, she was, during the five years of war, responsible for the administration of the Army Nursing Service throughout France.

For distinguished and devoted service during the war she was made a Lady of Grace of St. John of Jerusalem; awarded a bar to the Royal Red Cross; made a Dame Grand Cross in the Order of the British Empire, and a Chevalier of the Legion of Honour.

She received the Medaille Epidemies en Vermeil; the Medaille de la Reine Elizabeth avec Croix Rouge; and the American Red Cross medal and certificate.

She retired from the Queen Alexandra's Imperial Military Nursing Service in September, 1919.

Was appointed matron-in-chief, Territorial Army Nursing Service, 28th June, 1920.

A report of the Territorial Service during the war, presented by Dame McCarthy on December 2nd, 1920, showed that 7,117 members were on active service; 2,280 served abroad. Twenty-four General Hospitals of 520 beds each, and each staffed by 121 members, had been established in its forces. Of the Units sent abroad, ten General Hospitals had been sent to France; three General Hospitals and one Stationary Hospital to Salonika; one Stationary Hospital to Malta; one General Hospital to East Africa; also, numerous members of the force were posted in casualty clearing stations, ambulance trains and barges, hospital ships, etc. There were forty-eight casualties. The gallant work of this service reached a very high standard, and a special medal known as the Territorial Force War Medal has been established by the King for its members on active

service from 1914 to 1919, who had volunteered before September 30th, 1914.

The Queen Alexandra Service and Reserve have a still larger record, over 13,000 members having been enrolled and numerous decorations received. So also the Queen Alexandra Royal Naval Force Nursing Service.

The youngest branch of the British Army Nursing Service is that of the Royal Air Force. This was formally established by Royal Warrant on January 27th, 1921. It consists, as in other branches of the British Service, of a Matron-in-Chief, Matrons, Senior Sisters, Sisters and Staff Nurses. It was in action through the latter part of the war before its formal establishment

Slide 232. Miss Christine Cameron, R.R.C., Matron of the R. A. F. Hospital at Halton Camp, Bucks. Trained at the Royal Infirmary, Manchester; did private duty nurs ng and nursing in infectious diseases, and then was five years on the staff of the Princess Christian Trained Nurses' Home at Windsor. In August, 1914, was called up for duty as a member of the Queen Alexandra Reserve; on active service in France until 1918; invalided home and later joined the Roya A r Force Nursing Service; received the Royal Red Cross, the 1914 (Mons) Star, the Allies Medal and the Victory Medal.

Slide 233. Memorial Tablet to the Scottish Nurses of the Q.A.I.M.N.S., and the T.F.N.S., who died on War Service; erected in St. Giles' Cathedral, Edinburgh. Sculptor, Mr. L. P. Roslyn. At the top is a statue of St. Andrew and the Badges of the Queen Alexandra Imperial Nursing Service, and its Reserve, and of the Territorial Force Nursing Service. Below is the inscription—"To the glory of God, and in memory of the Scottish nurses who gave their lives in the Great War, 1914-1919." Bronze figures at either side below represent Courage and Patriotism, Peace and Sacrifice. The center of the tablet bears the names of the nurses who made the supreme sacrifice.

Views from a British General Hospital in France.
(No. 8 B.E.F. Stationed at Rouen.)

Slide 234. The hospital-tents in summertime.

Slide 235. The hospital-huts in winter.

Slide 236. The Tommies' Ward. A Staff Sister is seen wearing the uniform of the Queen Alexandra's Imperial Military Nursing Service Reserve (Scarlet Cape; Dress without Apron, Military Veil); a Sister wearing the grey cape with Scarlet Border of the Q.A.I.M.N.S., and a Canadian V.A.D in uniform, with the tied-back head-dress.

Slide 237. Tommies' Ward at Christmas.

Slide 238. Officers' Ward on Christmas Day. The uniforms of the Queen Alexandra's Reserve (Matron seated), Queen Alexandra's Nursing Service, and V.A.D. Nursing Member are seen; also a Ward Sister of the Territorial Nursing Service (uniform without cape).

Slide 239. Officers' Ward. For fractured femur cases. Showing support by Balkan beams.

Slide 240. Two patients in beds out of doors, with a Queen Alexandra's Sister and a V.A.D. Nursing member standing by.

(To be Continued)

[Note.—The Canadian Lecture should follow here, but, through an oversight, was published in the March issue of this magazine.—Editor.]

Editorial

Annual Convention of C.N.A.T.N., June 19th, 1922.

The first announcement of the coming convention of the C.N.A.T.N. to be held in Edmonton has been received just as the magazine goes to press. Miss E. MacP. Dickson, the President, wires that the convention will open June 19th, 1922, with the morning of that day given up to meetings of the Executive Council and to registration of delegates. The formal welcome will be given later in the day. The two sections of the National Association—the Public Health Nursing Section and the Private Duty Nursing Section—will each be given two sessions for their special part of the programme, and one will be devoted to hospital administration. The Macdonald Hotel, a delightful, comfortable hotel, with a beautiful view from its rooms, will be the convention headquarters. An excellent programme is arranged, which we hope to be able to print in full in the next issue. The people of Edmonton, like the residents of every city where we have held our conventions, are hospitable to a degree that sometimes would interfere with business, and they have been requested by the National Association officers to limit their wish to entertain the visitors.

Information of the meetings of the C.A.N.E. will be published just as soon as received by the editorial office—presumably they will follow the C.N.A.T.N., taking the latter part of the week for their sessions. Remember June 19th—in Edmonton, Alberta—as the opening date.

Interesting as we know the programme for the coming conventions of the C.N.A.T.N., and the C.A.N.E., will be, still the great value to the nurses who attend and who send delegates will be given by the discussions and freedom of opinion expressed by those present. Each delegate ought to feel that she must be sure enough of the attitude of her association to be able to express herself in clear terms whenever a point is at issue. It is not always possible nor indeed advisable for delegates to be so bound down by the fear of their associations that they cannot speak unless they have had instruction, but the appointed delegate should be so conversant with the feeling of her association that she will know that what she says is the actual voice of the association. How many points come up as a meeting continues which some delegate wants cleared up, some definite point to bring up, and yet which she feels is too small, and so goes away with her mind still in doubt and with help at hand, if it had been asked for? Let us get away from the personal element and realize that we are not there as individuals but as representatives, and act in the best interests of those who sent us. Now that two branches of the profession have gathered themselves into sections, we do hope that at their

sessions matters may be more freely discussed than at former conventions. In each organization affiliated with the national it would help much if at one or two meetings previous to the convention time should be taken to consider points of interest to that organization, questions to be asked, and other necessary features of the education of a delegate prior to her trip. Many associations expect only attendance at a convention with a report of the meetings (which they can read for themselves in the Canadian Nurse) and forget altogether to ask her where she stood and what she got from the meetings themselves. There is much to be obtained from a meeting that is never found on the minutes of the meetings.

* * * *

The open season for graduation exercises is upon us, and the 1922 classes will soon be starting on their way. Did it ever occur to those in authority that it was passing strange that at these commencement exercises there is never a graduate nurse asked to address the class? Always a physician, sometimes a clergyman, rarely a layman speaking professionally, and never a member of the profession whose latest adherents are starting out in the world on their own. Surely there, if anywhere, the advice, suggestions and helpfulness of the graduate nurse who has been over the road the young nurse is just about to start upon would be most valuable. There might be a few less flowery remarks, a few less references to what nursing meant, given by those who know nothing about it from a personal experience, a few less quotations, such as "Be good, sweet maid," a few less outlines of the life of Florence Nightingale, in fact, a few less epigrams to "ministering angels," but there might be instead a straightforward talk of the ethical side of the work, the place she holds whether she will or not in the estimation of the public and where she is going to place herself in her future career. She might get a few practical points which, given by a veteran in the service, would have weight. Women can speak in public, as has been demonstrated; women do stand for higher things as well as men—why this discrimination at these exercises? After reading and listening to many graduation addresses, one can only be filled with regret that at such a time such should be given to our young sisters. Physicians who, at any other time, make scathing references to the shortcomings of nurses, scatter bouquets of flowers of oratory in praise of the work and calling of the nurse. One gleans a few words of practical help from some of them, as was seen in the recently published valedictory address given by Dr. Byers, of Montreal, but the lack of anything more than metaphorical pats on the back shows up clearly when one listens to our speakers on these occasions.

* * * *

Correction in C.A.N.E. Dept.

(Note)—Miss Shaw, Director of the School for Graduate Nurses, McGill University, Montreal, has asked that a correction be made in her account of the results of the first year's work. She states, "Mrs. Young did not go to Saskatoon as instructor in the City Hospital."

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Lawrence,
207 St. Catherine St. West,
Montreal, Quebec.

Ontario
Miss Muriel Mackay,
190 University Avenue,
Toronto.

Manitoba
Miss Elsie J. Wilson,
798 Grosvenor Avenue,
Winnipeg, Manitoba.

Saskatchewan
Miss Nora Armstrong,
City Health Department,
Regina, Sask.

Alberta
Miss Elizabeth Clark,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver, B.C

Distribution of Milk in Toronto Schools

That even a pint of milk a day materially improves a child's educational progress is being proved by the Home and School Council of Toronto. Assisted by the Board of Education and the Department of Public Health, they are distributing to those children who, without apparent cause, are below par physically—underweight or anæmic—a pint of milk to be taken at recess.

The experiment is being conducted on a medical basis. Malnourished children, who have no other physical defects than that of being underweight, are chosen by the school medical officer. The milk is given by the school nurse, by the teacher, or by children from the older grades. The distribution is not free. Each child pays not more than four cents a day. The amount which he can afford is determined by the nurse, and she, and the teacher, to whom the money is paid, are the only persons who know which children are paying, and which ones are not.

Along with the milk drinking, the children try to live according to health rules. These are emphasized by a weekly talk by the doctor. They are simple rules, within possibility for every child,—fresh air and plenty of sleep are the most important points. As an added incentive, a trim and official-looking certificate is filled in and given to each child as soon as he attains normal weight.

Nearly every child getting the milk is gaining in weight and general health. In one school where milk has been distributed since the middle of September, the average gain per child has been eight pounds.

The following account of the work in one of the schools illustrates more vividly than any formal description the results which are being attained by the experiment:

We have found milk distribution in the schools to be a splendid incentive to co-operative work, and perhaps the most generous of all is the co-operation of the child. Many children have come to the nurse asking if they may have milk—actuated by various motives, laudable or otherwise. Anyway, they come—but some have to be refused on account of some uncorrected defect. Norman has come to the medical service room more than once, but his slip on the file shows, even if it were not sufficiently evident, that he suffers from defective nasal breathing—and nothing has been done. The nurse has already paid several fruitless visits to Norman's home, but knowing that now she has the boy's co-operation, she made another attempt with better results. She hopes soon to see Norman rejoicing in improved health and brightened mentality; no longer in the industrial class, but taking his place in his normal grade—also getting milk.

The nurse had paid several visits to a foreign family to induce the mother to take Nettie to see a doctor about her throat. Nettie is a thin little wisp of a girl, with small, peaked face, dull eyes, and enlarged tonsils. On occasion of the nurse's visit, Nettie had acted as an unwilling interpreter. Of course, no action followed. But now, milk is being given out at school—Nettie could join the happy throng if it weren't for these tonsils. One day lately, the nurse met several children on the street, as happy as if they were returning from a picnic—"Oh, nurse! Nettie has just been to the hospital, and she is to have her tonsils out on January 11th." Nettie herself brought up the rear—a satisfied expression on her small face. Doubtless she felt she was on the road to milk—and success.

The principal of the school says that Doris has improved markedly in manner, and in her school work, since she began to get milk at school. Before this, both were characterized by lassitude and indifference. The teacher of the primary grade joins in, too, saying that her young hopefuls are less apathetic. Milk seems to give them pep. It leads one to think that something must have been lacking in their breakfast.

Sometimes, not all the pupils who take milk are at school. Then, there are several bottles left. But don't imagine they are wasted! There are so many eager candidates that the teacher has to insist on something resembling order before selecting the fortunate ones.

One mother was sufficiently interested to pay a special visit to the nurse in the school to put in a plea that Jimmie get milk at school. But, Jimmie had big tonsils and breathed through his mouth. The matter was discussed thoroughly. Jimmie now has an appointment for operation—a result much appreciated by Jimmie's teacher.

Mrs. M——told the nurse she was sure Irene couldn't be persuaded to drink milk at school. She just wouldn't look at it at home. But Irene was pale and under-weight, and she was given milk at school. We have yet to see her turn it down. We hear she is also taking milk at home. One good habit established!

The nurse was requested to give some stories, illustrating the happy results of giving milk out in the school. She turned to the principal for assistance. He laughed,—"Oh! you don't need any stories. Just the satisfied expression on the children's faces as they imbibe the milk is sufficient proof."

B. A. ROSS.

Miss Fitzgerald, formerly director of the nursing section of the League of Red Cross Societies, spent a week-end in Toronto while on her way to the Phillipines, early in February, in order to gain an insight into the public health activities of the city. While in Toronto, Miss Fitzgerald was guest of honor at a tea given by the public health nurses of the university, at which many interested in public health affairs were given the opportunity of becoming acquainted with the distinguished visitor. Miss Fitzgerald leaves for the Phillipines with our sincerest wishes for success in her new endeavors.

Early in February, Miss Kathleen Olmstead, Public Health Nursing Service, International Red Cross, Geneva, communicated with Miss Jean Browne, until recently Director of School Hygiene, Provincial Department of Education, Saskatchewan, requesting that public health nursing activities be represented at an exhibit which is to be held in Geneva during March. Miss Browne wrote to Dr. Ruggles George, Ontario division of the Canadian Red Cross Society, suggesting that the public health section of the C.N.A.T.N. might contribute something to the exhibit. The secretary of the section immediately wrote to each provincial representative asking that material such as maps, charts, literature, etc., be sent to Dr. George before February 25th. Although the time was short, the response from several of the provinces was most gratifying.

Nature of Milk as a Food

Milk—The Indispensable food for growing children.

Milk is often stated to be a perfect food. By this we mean that it contains all the essential elements for normal human growth and development.

The adequacy of a food or diet depends briefly on its constituents:

(1) Enough of the right sort of material to build up and repair the living tissues of the body. These body-building substances in the food are called proteins, and are found especially in milk, meat, fish, eggs, and in certain vegetables, notably beans and peas.

(2) Enough substances to furnish the required energy of the body, fats, starches and sugars are the children's chief energy foods, and are transformed in the body into energy for work and into body heat.

(3) A variety of mineral substances which are needed in the growth and functioning of the parts of the body, such as the skeleton, the brain, the blood, the teeth, etc.

(4) An adequate amount of certain substances whose nature is not yet fully known, but whose presence in the diet has been demonstrated to affect body growth in animals or man. These substances, known as vitamines, growth determinants, or the unknown dietary factors, are therefore essential elements in our food.

(5) No substance poisonous to the average individual, nor one which will not allow of normal digestive processes.

In addition, to be properly digested and of the utmost nutritive value, article of diet must also be of pleasing taste, palatable, and preferably of a consistency and appearance similar to the foods in ordinary use by the race.

Clean milk fulfils all of these requirements for an adequate food better than any other single foodstuff.

Milk is, then, in a sense, a complete food; if used as the sole food it will sustain life and allow growth. For this reason, milk—which in respect to all its ingredients ranks among the most digestible of animal foods—is so completely digested that there is practically no waste.

Milk is a source of energy, or, as fuel for the body, compares most favorably with other foods. The energy value of a quart of milk is about equivalent to that of a pound of lean meat or to eight eggs; as a source of energy cereals are, however, far cheaper than either milk, meat or eggs, and therefore cereal and milk is the ideal combination of foods to furnish body energy in children.

Calcium salts (lime) supplied in our food are necessary not only for bone formation but for the development of the important organs of the body, especially the glands of internal secretion.

Of all foodstuffs, milk is the cheapest and most abundant source of calcium, and milk also provides other important mineral salts, such as potassium and phosphorus. Therefore since growth is measured by bone formation, and since the child must have a steady, abundant supply of these essential minerals, milk should be included in every child's diet.

Milk may be given to the child in cooked form, as soup, weak cocoa, or flavored milk shake. If used as a drink, it should be taken towards the last of the meal, for many children will not take sufficient other food if they fill themselves up first with milk.

Milk is, then, the indispensable food for children, and whole milk in some form must be furnished them if the nutrition of the average child is to be maintained and if normal growth in height and weight is to be assured.

The rise in the price of milk, a rise due to the increased cost of production, has resulted in our large cities in a diminished use of milk, and has greatly disturbed the regular supply of milk for city trade. One way in which the price of milk can be controlled is by reducing the cost of distribution, or at least preventing its increase.

The nourishment of our children is the first duty of the nation. Every child from eighteen months to twelve years of age is better for having one and a half pints of milk in its daily diet. Since milk and milk products are a vital necessity for children and for the sick and wounded, the public should be made to realize that the children's need for dairy products should be assured. If necessary, the use of milk, cream or butter for adult consumption must be restricted. The average child to-day does not have enough of the right sort of food and cannot have its food cut down without grave danger of increasing malnutrition in our child population. Clean, fresh cows' milk is the best available form of milk for children.

Lowered nutrition in children means decreased vitality and lowered resistance to disease. If the nutrition of our children is impaired for any length of time, full juvenile development will be permanently arrested. Nor is the physical stunting of the race the only evil that serious undernourishment of our child population entails. Intellectual and moral abnormality are largely influenced by physical health, and a period of malnutrition among the children of Canada may easily be followed by a period of intellectual and moral deterioration.

Ultimate victory can come only to the nation that carefully conserves the stamina of its children, upon whom depends the future of the race.

In September, 1920, after making a general survey of all our pupils, we found a large number that needed attention concerning diet; suspecting them of being underweight, we asked the parents to send us as correct a weight of these children as could be obtained. We got good co-operation,

then found that a large number never had milk as their diet at home. Once more we asked the mothers if they were willing for us to furnish them with milk at school in the morning and afternoon. I obtained a large number of replies reading as follows:

> "My child don't like milk, but would like if she could get it."
>
> "My child will not drink milk at home, but will leave it to you."
>
> "We can't afford the milk, as our family is large, but would like to see him get it at school."

and many others, each giving their reasons.

In October, we fed 54 pints of milk daily to 115 pupils; at present feeding 300 pints a day. Many of these pupils had never had milk at home or did not want to taste it. We explained to them the value it would be, also that they would grow strong and be better at their studies, and got them to drink it daily as they should, and found later that many of these pupils compelled their parents to buy milk and give it to them instead of tea or coffee.

In November we noticed that there were a number of these pupils that had their lunch at school, so we started to give them hot cocoa with their lunch. In the first place they did not want cocoa, because it was not good. They had it at home and did not like it, but we won them by giving it to the others, and they soon found out that it was good to drink, and soon after every child that had his lunch at school wanted it. We were not provided with accommodation to make so much, and we were forced to deny them their request, much to our regret. Many mothers came to find out just how we made the cocoa so they could make it at home.

We fed cocoa to 42 pupils. (Out of those 115 pupils that were drinking milk, I undertook to weigh six of them and watch what I could do concerning gaining weight); those 6 children, for their age and height, should have weighed 343 lbs. They weighed only 282 lbs., short 61 lbs.; the average gain of these six pupils, according to their age, should have been three pounds a month,—that is, the normal children. We did not think it was very much. They got a glass of milk in the morning and afternoon, and a glass of cocoa at lunch time.

The six children gained in weight as follows: November, 3 lbs.; December, 4 lbs.; January, 5 lbs.; February, 5 lbs.; March, 6 lbs.; April, 6 lbs.; May 5 lbs.; 34 lbs. in the year, or about 4½ lbs a month.

In the short time we had to try this experiment, we were convinced that it is a needed addition to the schools and would act beneficially both to their physical and mental development.

CLAIRE CAMPEAU, R.N.

Minimum Standards for Public Health Courses in Canada

A copy of the following questionnaire has been sent to each provincial representative with the request that it be returned to the Secretary of the Section not later than May 15th:

A report based upon information received from the provinces will be prepared and read at the annual meeting at Edmonton. It is hoped that, as a result of discussion following the report, definite recommendations may be made to the C.N.A.T.N. concerning "Minimum Standards for Public Health Courses in Canada."

QUESTIONNAIRE

1. What types of Public Health Nursing are at present carried on in your province?
2. How are nurses selected for various types of public health nursing?
3. What training have they received?
4. Are the nurses of your province conscious of any weakness in their preparation for their work?
5. Have any public health organizations in your province set a minimum standard of training for nurses appointed by them?
6. Do you feel that this policy should be established? If so, state the requirements that should be set and discuss them.

Existing Conditions regarding Courses for Public Health Nurses in Canada.

(Kindly indicate method or methods of which you approve)

1. Opportunities for observation by public health departments without diploma.
2. Length of course—5 weeks, 4 months, or 8 months.
3. Type of institution or organization conducting such a course.
   1. A regularly established educational institution whose standards are understood, e.g., University or Technical School.
   2. Public health nursing organization.
   3. Departments of education.
4. Any special and indispensable requirements of the locality in which such a course is established, e.g., organized public health nursing strong enough to offer opportunities of true educational value to students.
5. Profession of director: Nurse, Doctor, or Sociologist.
6. Field work—Types of Field work: Half time given to field work, or one-third time to practice and observation.
7. Theory—Subjects: These are not all available in any one centre; which do you consider indispensable? An incomplete list is as follows:—History of Nursing, Public Health Nursing, Bacteriology, Preventive Medicine and Hygiene, Household Science, Principles of Teaching, Social Economics, Public Speaking, Principles of Modern Social Work, Psychiatry.
8. Public health courses have been established, when the following types of public health work are available, for field experience for students. How much of this do you consider essential?—Municipal Public Health Nursing, Victorian Order of Nursing, Private Organizations specializing in various branches of public health work.

M. MACKAY.
Secretary, Public Health Section, C.N.A.T.N.

Private Duty Nursing Department

Forward, Canada, to the Rescue of the Sick and Dying

A Nurse replies to Dr. Charles Mayo's article published in Sunday World and Pictorial Review.

Addie McQuhae.

"Nurses have lost sight of the real impulse of their profession"—thus speaks Dr. Charles Mayo, of Rochester, Minnesota. He continues: "Ministration to the sick and dying cannot be bound by hard and fast laws; they are the divine right of the poor as well as the rich. A prohibitive price cannot be put upon them, and that is what the nurses are doing;" and again, "the very rich may have efficient nursing because they can pay; the very poor can get the best of care for nothing in free wards of the hospitals; but if the present prohibitive cost of sickness for the middle class man continues he will be driven to pauperize himself; and nothing is so disintegrating to human integrity as pauperization. It lessens self respect and tears down the tissues of self reliance and self determination.

Can you think of a more disheartening predicament for a hard-working, right-living man, when there is sickness in his family, than to have to declare himself a pauper in order to be admitted to the free ward of a hospital? It is a peculiar alignment, too, putting as it does a bonus upon indigence, for the idle and useless, making no contribution toward the general good, get the best of care for nothing, while the industrious, who contribute toward the better standing of their community, and who could pay a reasonable fee, must go without or be classed as paupers."

And here is Dr. Mayo's solution for the care of the self-respecting, industrious, honorable man of high integrity but moderate circumstances, who has fulfilled every obligation to the very best of his ability, who has been the prop and stay of home and community and the good friend of his fellow men, and, when he is sick and dying because he cannot pay for the care obtained by the "rich for money and by the very poor because they can get it for nothing," this man's problem is solved by Dr. Charles Mayo in the following manner.

> "Sub-nurses, nursing aids, etc., with less education and less training—girls who are contented with a fair wage and fair living conditions."

Everything seems to be fair except the results, and they undoubtedly would be very unfair to the sick patients. And this from Dr. Mayo, a man famed for retrieving patients from the "gray menace of the shadows." He may still retrieve the rich, because they apparently will have proper care, but, if he continues this mad and reckless scheme of thrusting the people of moderate circumstances into the hands of the half-trained and inexperienced, he will soon be known as a good ally of the undertaker.

This article is not only a gross injustice to the sick, but an insult to the womanhood of the country. A strange slogan for the twentieth century!—Less education, less training, for the great army of women into whose hands shall fall the sacred responsibility of the world's sick and dying. Dr. Mayo is surely inconsistent when he would, with ruthless hand, push the world's future nurses back into the very shadow of Sairy Gamp, while, at the same time, he contributes $2,000,000 to the University of Minnesota for post-graduate work, where, I presume, the majority of the students must be men.

Oh, spirit of chivalry, where art thou?

He defends this contemptible scheme by announcing that "the educational standards for registration of nurses have gone beyond all reason," and that "the third year in the training course is little more than exploitation of the student nurses for the benefit of hospitals," assuring us at the same time that real nurses are born, not made. Yes, Dr. Mayo, real nurses are born, and is this not true also of real surgeons? Yet they seem to require a little education, and even post-graduate advantages. Real nurses are born—and I would not for one moment speak disparagingly of the noble work done by some women who are born nurses, and who have never been permitted to gratify their hearts' desire with a hospital training; these women know by instinct the right thing to do and say in a sick room, and are a never-failing source of strength and comfort. But among the young women of to-day conditions are different—a born nurse in almost every instance will reach the very best hospital she knows of, surmounting almost any difficulty for the "mark of the prize of the high calling." The very love of the work which she feels she was born to do will inspire her to the mightiest efforts to obtain the best possible instruction and to attain to the highest degree of efficiency. Do not delude yourself, Dr. Mayo, you will never get this type of young womanhood for the scheme you contemplate, for the only type of woman worthy of the holy trust of the great throng of people in moderate circumstances would scorn to satisfy her soul with the husks you offer.

I consider this a very slip-shod and inconsiderate solution of the sick man's problem, and more—it is a sacrilege.

As I read this article consigning the sick and dying to the hands of almost anyone who will work cheaply, it seems to me like someone running pell mell into a sanctuary, and I feel like exclaiming, "put the shoes from off thy feet, for the place whereon thou standest is holy ground."

In my nursing experience I find that the rich man and the poor man, and the man of moderate circumstances, suffer exactly the same pain, are in the same danger, subject to the same complications, and to exactly the same discomfort and distress of body and mind. Then, in the name of Mercy, let each man have the same care.

But, exclaims Dr. Mayo, this is prohibited by the excessive fee of the graduate nurse. No one realizes this fact with greater dismay than the nurse herself, although we do not consider our fee excessive. We understand perfectly that people of moderate circumstances would find it too much to pay, especially in a case of long illness. A nurse's fees must of necessity be sufficient for her maintenance during the days or weeks when her work ceases, or when she is ill or compelled to rest, but expenses continue.

In addition to this, many nurses have home obligations. However, this article tells us of Dr. Mayo's $2,000,000 contribution to the University of Minnesota. He knows, then, the joy of giving, "that it is more blessed to give than to receive,"—but he has forgotten that there is a great similarity in human hearts, and although no nurse has ever been able to accumulate $2,000,000 to contribute to a good cause, yet thousands of nurses, if circumstances permitted, would, with joy unspeakable, contribute the very best service of which they are capable to those who cannot pay. But there is another solution of the sick man's problem—the nurse's solution this time and an answer to "the challenge of the future." Each city or community should maintain a staff of graduate nurses, to be paid for by taxation. These nurses should be paid a reasonable salary and given reasonable hours, and, when the man of moderate means is ill, he should have the care of a qualified graduate nurse hourly, daily, or twenty-four hourly, as indicated by the condition of the patient. Arrangements should be made whereby this man would pay a moderate fee to the treasury, leaving him entirely in possession of his self-respect; having paid his taxes, he only demands his right. We appeal to the medical profession of Canada, and to the people of Canada, to uphold us and co-operate with us in solving this problem of the "Efficient care or the sick."

Dr. Mayo refers to the Nurses' Union, saying it has become an "autocratic stronghold." We have no Nurses' Union in Canada, and, in regard to the nurses of the United States, I think he has made a grave mistake. That which he considers an autocratic stronghold is in all probability only a firm stand for the high ideals of the nursing profession, which are so strangely attacked at this time. The nurses of his country are in a position somewhat similar to the bricklayer of ancient times, during the reconstruction of the Holy City. When this man was ordered to come down from his work and attend to another task, he firmly replied: "I am doing a great work and I cannot come down." Courage! nurses of the Stars and Stripes; lift high the banner of Florence Nightingale. You are doing a great work, and you must not come down. Dr. Mayo

has, for the time being, lost sight of the real impulse of the Golden Rule, but when he discards his ideas of cheap care for the sick and haphazard education and training for the women of the country, and solves again the problem of the sick in moderate circumstances, having them nursed as he would wish to be nursed himself, remembering that it is the Divine Right of all, then let him approach the "autocratic stronghold" with an honorable and just proposition for the efficient care of the sick, and he will doubtless find that the real impulse of nursing has not been lost sight of after all. He has overlooked it because his eyes have been too near the ground. Look up, Dr. Mayo, and on the heights in deathless bloom you will see the immortal flower of the real impulse of the nursing profession.

A firm address on the subject of economy from the pen of this great but erring man would be greatly appreciated, if directed in the proper channel. Good advice to those in a full measure of health and strength. A simpler mode of life, of dress, of food and home, and the intensive cultivation of the spirit of contentment. But when we solve the problem of the sick and dying,

Arise! O Canada,
let the whole nation break the alabaster box and pour forth the precious ointment for the alleviation of the pain of the world.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

The Lack of Training in Psychology and Psychiatry for Nurses

> "I will do all in my power to maintain and elevate the standard of my profession."—Excerpt from the Florence Nightingale Pledge.

The caption of this paper is designedly critical. As Canadians, we have in common with other communities passed through various stages of improvement so far as our nurses' training is concerned; we have long heard of the well merited success that graduates of our schools have attained in the country to the south of us; the war record of nurses trained in Canadian Hospitals is assuredly one to which all can point with gratification and pride. Yet in far too many of the vast training schools in this country it is the truth that no time, or at best very little time, is allotted to the study of a most important subject, that of Psychology and the Psychoneuroses, and how the unfortunate sufferers from mental ailments should be nursed.

"Comparisons are odious," but nevertheless they are frequently most instructive sources, and a review of this matter proves that a large number of the best training schools for nurses in the United States deals with the problem of instruction in psychoneurology much better than do we. It is merely begging the question to pronounce that in many hospitals there, psychopathic wards are an integral part of the general hospital. What would have been thought of the curriculum of a hospital in Canada, say twenty years ago, which excluded any but the most casual reference to the study and nursing of pulmonary tuberculosis? At that time, however, few separate pavilions connected with general hospitals existed for the reception and treatment of patients suffering from this disorder.

While the inclusion of a psychopathic ward or pavilion in connection with a general hospital is desirable and the ideal manner in which to furnish training in the subject to nurses, it is true other means are at hand or within reasonable reach of most of our important training schools. Nurses are sent in groups to learn maternity nursing, and that for contagious diseases in other hospitals a relatively more intensive training in these subjects being given there; details of similar arrangements could be comparatively easily worked out with the various provincial hospitals for insane, and possibly Federal institutions, also, where returned soldiers (mental cases) are cared for, were it tried. Failing that, a didactic course in psychology and psychiatry would at least be better than nothing, but even this is seldom attempted.

Unfortunately the facts are these: mental disorders and the psychoneuroses are not understood nor are they regarded by the untrained as an attractive study. Neither, for that matter, is syphilis, but those in charge of the training of nurses, and the directorates again in charge of them, face the matter squarely and agree that as this falls within the category of the ills that "flesh is heir to," i.e., physical ills, the nursing of it shall be thoroughly taught, loathsome in some of its manifestations though the disease may be.

But for disease of the mind, which sometimes, though by no means invariably renders its victim a danger to himself or others, by reason of irresponsible acts, those who direct the educational policies of our hospitals take a very different view. It is a view, deplorably, that comports more with tradition and the illiteracy so often accompanying tradition, than with enlightenment and progress. It is the view that regards those mentally afflicted as a class apart, that causes the holders to always refer to the insane as "they," presupposing that insanity besets all its sufferers in the same degree, taking no thought of the countless variations from normal which the mind may show. Those who have this viewpoint literally KNOW NOT. It is this view of insanity more than any other factor, held by so many intelligent people, that has in the past generation, and bidding fair to do the same in this, retarded the scientific study and eventual alleviation of mental obliquity in all its forms. Ignorance, fear,

therefore disinterest, aloofness, inaction. This postulate is absolutely general, and is a cap which fits the heads of individuals, governments, and educational bodies alike with equal comfort and satisfaction to the wearers; it is sad indeed to record this fact.

What are the advantages of a nurse knowing psychology, and how it may be affected both in disease of the body and of the mind? To consider the obvious first: Every nurse by her experience knows the effect on her patient's mind of physical pain, ere she has proceeded very far along the path that leads to her repeating the words heading this article. She learns that the mind of her patient shows marked changes, under severe or prolonged bodily suffering. She knows that reasonable, intelligent beings subjected to it for a sufficient length of time show entirely different emotional reactions to those they show in health, and that the will power, too, may be impaired to a surprising degree by it. Further, many of the intellectual processes may be rendered retarded, benumbed, or virtually in abeyance, so that in all spheres of the psychic entity the sufferer may at times present psychological and emotional anomalies not very far removed in type from those seen in the actual psychoses or insanity.

Again, no nurse is so dull but that she soon comes to realize that the patient's mind, more particularly his emotional tone, has a surprisingly powerful effect on his bodily condition; how often she sees a marked change for the better occur in her patient due to some encouraging factor put in the patient's mind by the physician or herself? It is a daily experience to see physical improvement follow the raising of the patient's emotional level, or to see the reverse, viz., physical changes for the worse result from the effect of depressing influences.

In a manner these simple facts, matters of common knowledge, are turned to good account by nurse and physician. It is in essence the application of psychology to nursing, done in fifty ways daily by these guardians of the sick. That, indeed, is the whole crux of the matter; here is a weapon in the armentarium of nurses, namely, psychological influence, the power of suggestion, and it is used today in most of our schools in an amateurish, even if in many instances, partially satisfactory manner. Is it conceivable that if the general nurse were trained in the principles of fundamental psychology with the consequent broadening of her knowledge, she would not be able to apply the very aids she now uses solely by instinct, with greatly enhanced effect? As well tell her to procure a pennyworth of lead water, so many drops of laudanum, then turn on the water tap a moment, and, given a bit of old blanket, fatuously regard her as thoroughly trained in all pertaining to the application of a lead and opium compress. No! that rule-of-thumb method is long past in the modern nurses' training, save, it seems, in the most important attribute of humanity in health or disease, viz., the mind!

It is the writer's conviction, after twenty years' experience with the insane, and as a teacher of psychiatry for many years, that the numeri-

cally large and intelligent body of our Canadian nurses-in-training should be well versed in the study of the mind, how it is affected in bodily disease, and as well in disorders not due to physical ills, but purely mental; how to interpret the danger signs of an oncoming psychosis, and finally how to nurse such cases once they have developed. This would in twenty, yes, in ten, years, result not only in a substantial number of recoveries in the psychoneuroses, which are not accomplished now, but would play its part in prevention of actual mental breakdown in many cases. Incidentally, the subject is a most interesting one from the standpoint of those who are learning it. The building up of the mind from infancy, experimental psychology, psychometry, the subconscious, psychoanalysis, the Freudian theories, the various psychoses, etc., if taken up in not too technical a manner, are studies engaging in the extreme.

To quote from the report of Dr. T. J. W. Burgess, medical superintendent of Verdun Hospital, for the year 1921:—

> "Training in psychiatry is valuable, and no nurse who graduates from any standardized hospital giving general training but should have had the fundamental facts of psychology taught her, also the manifestations of disease of the mind and the necessary groundwork for the nursing of such cases; though subsidiary, it should be as much a part of her intellectual equipment for coping with disease as any other subject to which she devotes her time and study. Indeed in some respects she is indubitably lacking without such training; through it she can understand and take full, and feel repaid, advantage of the mental reactions of the patients to pain, to changes in their physical condition, and to depressing emotions induced thereby. Without such training in psychology she may, it is true, be a good nurse; with it, she is a better one."

If they could, would not the thousands of those whose minds see as through a glass darkly ask of those who teach the art of nursing the sick, "Have ye with us kept faith?"

C. A. PORTEOUS,

Verdun, Que. March 11th, 1922.

The experimental semester of the School for the Teaching of Preliminary Courses in Nursing Education was begun on February 2nd, 1922, in the engineering building, University of Pennsylvania, Phila., with an enrollment of sixty-six students from the training schools of eleven hospitals.

Miss Sara Murray, R.N., Educational Director of Training Schools for Nurses in Pennsylvania, and Chairman of the Joint Committee, presided.

The students were addressed by Dr. Simon Tannenbaum, President of the Philadelphia Hospital Superintendents' Association; Miss Alice Garrett, R.N., President of the Philadelphia League of Nursing Education; Miss Roberta M. West, Secretary-Treasurer of the Pennsylvania State Board of Examiners for Registration of Nurses; Miss Margaret Dunlop, President of the Graduate Nurses' Association of Pennsylvania, and Miss Anna Garrett, President of District No. 1, Graduate Nurses' Association of Pennsylvania.

Instruction is being given at the Drexel Institute on Mondays and Tuesdays in Nutrition and Cookery and Applied Chemistry by the regular instructors of the institute. In the engineering building of the University of Pennsylvania on Wednesday, Thursday and Friday, volunteer nurse instructors, most of whom are loaned by hospitals, are teaching Anatomy and Physiology, Elements of Psychology, Personal Hygiene, and Hospital Housekeeping; these subjects to be followed by Elementary Bacteriology, Drugs and Solutions, Bandaging, and History of Nursing, including Ethical and Social Principles.

This School is being supervised by a Joint Committee composed of representatives appointed by the Philadelphia Hospital Superintendents' Association, the Philadelphia League of Nursing Education, the Instructors' Section of the League, and the Pennsylvania State Board of Examiners for Registration of Nurses.

HELENE S. HERMANN, R.N.
Secretary-Treasurer of Joint Committee.

The executive committee of the C.A.N.E. has asked that a committee be formed to consider the question of Y.W.C.A. work among student nurses. Many of us feel that there is a need in our training school for informal, voluntary activities which will help in the development of the religious and social life of our nurses. It has been suggested in various quarters that the Y.W.C.A. might be of great assistance in meeting this need, as it has done for other types of Canadian students.

The principal work of the above-mentioned committee is to find out how and to what extent this movement is developing in our training schools and to present a report at the annual meeting of the C.A.N.E. in Edmonton. We should be very glad if some of the schools who are really interested would see their way to beginning some definite work of this kind, if a need for such is felt among their nurses. The convener is most anxious to hear from anyone who is interested in this movement, and who can offer information and suggestions on the subject.

MURIEL A. MARTIN,

26 Summerhill Avenue,
Toronto, Ont.

C. A. M. C. Nursing Service Department.

Matron-in-Chief E. C. Rayside, M.H.S., R.R.C., and Matron B. Smellie, R.R.C., spent a week-end at Ottawa recently as guests of Mrs. J. F. Kidd.

Matron Jean Stronach, R.R.C., Sydenham Hospital, Kingston, was also a recent visitor, later spending a week at London, Ont., with Mrs. S. M. Fisher (nee Nursing Sister N. C. McCurdy, A.R.R.C.).

Nursing Sister J. S. Calder, A.R.R.C., has been appointed superintendent of the City Hospital, Sydney, C.B. In charge of the Physiotherapy Department is Nursing Sister A. D. Allan, A.R.R.C.

Nursing Sister M. C. Macdonell, widow of the late Major W. S. Macdonell, D.A.D.M.S., London, England, is engaged in school nursing at Sydney.

Captain and Mrs. D. A. McLeod (nee Nursing Sister M. W. Stewart), who were recently married, are residing at Sydney. Also resident there are Mr. and Mrs. C. J. McNeil (nee Nursing Sister A. E. Handley).

Nursing Sister Laura Campbell is employed with the D.S.C.R., at Lancaster Hospital, St. John, N.B.

Nursing Sister Ada Benvie is taking the public health course at the versity, Vancouver.

Nursing Sister E. G. Bagnall is the guest of her sister, Mrs. J. A. Rodd, Ottawa.

Nursing Sister Maud Bowan has been appointed night supervisor at Rome Hospital, Rome, N.Y. The superintendent of nurses at this institution is Nursing Sister A. G. Scott.

Nursing Sister F. H. Wylie, R.R.C., R.C.A.M.C., has recently been on special leave at Almonte, Ont.

Nursing Sister M. B. McNeil is engaged in social service work under the D.S.C.R., Cape Breton district.

It is regretted that a request for the publication in this department of the name and address of every member of the service cannot be complied with. Apart from the circumstance that space forbids, addresses in many instances are unknown.

Nursing Sister Eva Morkill, A.R.R.C., of D.S.C.R., Winnipeg, was granted a month's sick leave, which she spent in Vancouver as the guest of Mrs. John Mackenzie (nee Nursing Sister Isabel Mary Lord).

Nursing Sister Mrs. E. L. Bell, wife of Captain Bell, of Winnipeg, whilst visiting at Vancouver, was a guest at the Empress Hotel.

Mrs. L. A. Green announces the marriage of her daughter, Nursing Sister Monica Clare, to Major A. B. Slee, M.C., on Thursday, 2nd March, 1922, at Kuala Lumpur, Federated Malay States.

Hospitals and Nurses

QUEBEC

Montreal

Miss E. M. Wright (R.V.H., 1908) is at present doing interesting work in the Dominican Republic. She was sent out by the American Red Cross to train women as nurses, and is superintendent of the Hospital La Humanitaria in La Vegal.

Miss Florence Lochkart (1919) has joined the staff of the Soldiers' Memorial Hospital at Campbellton, N.B.

Miss Lenore Milton, who has been a head nurse since her graduation in 1920, has gone to Winnipeg, Man.

Miss Amy Moore (1921) is taking a post-graduate course in Hydrotherapy under Miss Anita Ross in the Ross Pavilion.

Miss Ethel Frances Murray (1921) has accepted a position in the social service department of the Alexandra Hospital, Montreal.

Her many friends will be glad to hear that Miss Eleanor Gardner (1919), who was recently operated upon for appendicitis at Ithaca, N.Y., has quite recovered.

Montreal C.N.A. A Bridge party was given by the association and the Edith Cavell Chapter, I.O.D.E., on February 14th. It was well attended, and the proceeds, $174.00, was divided between the Chapter and the building fund of the C.N.A.A.

The Canadian Nurses' Association, Montreal, have started a building fund towards the erection or purchase of a new club house. Contributions of $1.00 or more are asked from each nurse.

The senior class of the R.V.H. held a small bridge party on the 15th, when $14.00 was added to the building fund.

Royal Victoria Hospital.

The monthly meeting of the Alumnæ was held on March 8th in the Nurses' Home, with Miss Goodhue, the President, in the chair. After the usual business, Miss Saxe, librarian of the Westmount Library, gave a delightful talk on some of the Canadian poets.

Women's Hospital.

The Alumnæ Association of the Women's Hospital, Montreal, held a sale and tea on January 17th, 1921. The receipts were applied to the building fund. There is now under way a scheme to raise a mile of pennies. Books of $5.00 are given out, these to be returned on Easter Monday. It is hoped that by this means a substantial increase will be made for this worthy object.

Sherbrooke

The annual meeting of the Sherbrooke Hospital Alumnæ Association was held on January 10th in the Nurses' Home, and the officers for last year were all re-elected.

Miss Phœbe Blake has resigned her position in the United Hospital, Port Chester, N.Y., and has returned to the city and private duty.

Miss Amy Wood (1915) is on private duty in New York City.

The new diet kitchen in the Sherbrooke Hospital, donated by Mr. O. A. Norton, of Coaticook, Que., was opened to the public on February 25th, when tea was served by the ladies' committee of the hospital.

* * * *

ONTARIO.

Kingston.

The monthly meeting of the Kingston Chapter of the G.N.A.O. was held on February 7th in the residence of Sydenham Hospital, with the President, Miss Abernethy, in the chair. Miss Jamieson, President of the G.N.A.O., was a guest of the meeting and gave an interesting talk on "Registration." Tea was served by Miss Strong and her staff, and a pleasant hour was spent.

Miss Florence Hiscock (K.G.H.), who has a position in a Detroit Hospital, has successfully passed the Michigan State Board Examinations for her certificate of R.N.

The regular meeting of the K.G.H.A.A., held in the residence, was well attended.; the President, Mrs J. C. Spence, in the chair. It is indeed gratifying to note the interest taken by the younger members in the association and its meetings. After the usual business routine the meeting adjourned.

London

At a well-attended meeting of the Victoria Hospital A.A., Mr. Fred. Landon, public librarian, gave a talk on the pageantry of parliament, sketching many of the curious customs of the Canadian House of Commons which have come down from the British Parliament.

An informal dance was held in aid of the War Memorial Hospital for Children under the auspices of the V.H.A.A. and the patronage of Dr. and Mrs. McKibbon, Dr. and Mrs. McFarlane and Miss E. Ross. The guests were received by Miss D. Hutchison, Mrs. Walter Cummins and Mrs. A. C. Joseph. The decorations were in purple and gold, the school colors, and a satisfactory financial result was pleasing to those in charge, who did so much to make the evening a successful social event.

Miss Jean D. Bryden (T.F.H.C., Weston) has accepted a position with the Atlantic Coast Line Hospital, Rocky Mount, North Carolina.

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MANITOBA

ST. BONIFACE.

The monthly meeting of the Alumnæ was followed by a valentine social and shower in honor of Mrs. Lawrie (Phyllis Peyton), a recent bride.

A card party will be given by the Alumnæ on March 17th in aid of the memorial fund.

A delightful tea was given recently in honor of Miss A. C. Starr, the retiring President of the A.A., at the home of Mr. A. Firby. The guests included many members. Mrs. R. W. Scott and Mrs. C. Clark presided at the tea table.

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SASKATCHEWAN

The date for the annual meeting of the Saskatchewan Registered Nurses' Association, which is to be held in Prince Albert, has not yet been fixed. The annual meeting has usually been held during the week following Easter Sunday, but this year, at the request of a large number of the members, has been deferred until the dates of the annual meetings of the C.A.N.E. and the C.N.A.T.N. have been announced. It is hoped to arrange for the meeting of the S.R.N.A. the latter part of the week immediately preceding the national meetings.

Miss A. C. Cog (Swift Current Hospital) has recently joined the nursing staff of the King George Hospital, Winnipeg.

The March meeting of the Saskatoon Graduate Nurses' Association was held at the home of Mrs. G. Donald. The evening was spent in sewing, the association having arranged to assist the Red Cross Society in relief to needy families, especially where there are young children to be provided for.

Miss E. Stevenson (S.C.H., '20) has just returned to Saskatoon from a four months' holiday in Cozad, Nebraska.

Miss E. J. Thomas has recently returned to Regina, having spent the past four months visiting friends and relatives in England and Wales.

Miss Marie Fosberg (Grey Nuns' Hospital, Regina, '21) has recently accepted a position on the staff of the Shaunavon Union Hospital.

Miss Ruby M. Simpson (Winnipeg General Hospital, '19) who has, since 1919, been a member of the staff of the School Hygiene Division of the Department of Education, has been appointed director of the division, as successor to Miss Jean E. Browne. Miss Simpson is well qualified to undertake such important work, and her many friends extend congratulations and best wishes for her success. Miss Simpson's headquarters are now in Regina.

Miss Dora Hettle, of Saskatoon (W.G.H., '18), paid a visit to the sanitarium at Fort Qu'Appelle recently. Miss Hettle, who has for some time past been on the nursing staff of the Wadena Hospital, has, owing to ill health, been forced to resign her position.

Misses E. G. Craig and Violet Wright (W.G.H. graduates of '17 and '19) spent a short holiday during January with Mrs. E. Truemner (W.G.H., '17), at MacRorie, Sask.

The University of Saskatchewan has just announced the successful completion of the one year of training as nursing housekeepers of the following seven students: Dora E. Bidlack, Margaret Friebel, Mary E. Leslie, Elberta Marvin, Lena M. Robart, Myra M. Schurman and Margaret G. Shaw. Certificates have been issued to these seven students; other members of the class will receive their certificates later in the year. The institutions in which the students were in training were the Hospitals in

Eston, Kindersley, Dodsland, Lampman, Wakaw, and the Saskatchewan Sanitarium at Fort Qu'Appelle. During the present year it is expected that a much larger group of students will be received.

A summer session for nurses is under consideration by the University of Saskatchewan.

Following the recommendation made by the Nurse Education Committee of the Saskatchewan Registered Nurses' Association, the University of Saskatchewan has been asked to arrange for a summer session for nurses in "Teaching Methods in Training Schools for Nurses." While definite arrangements have not yet been completed, the subject is being considered by the university, and, if a sufficient number of nurses show themselves interested in taking this course, the university will arrange. if possible, for such a session this coming July. Nurses interested in this course are asked to communicate with the secretary of the Saskatchewan Registered Nurses' Association.

* * * *

ALBERTA

EDMONTON

Ten registered nurses are taking the public health nursing course at the University of Alberta: Misses Bean, Libby and Reid, graduates of the Royal Alexandra Hospital; Misses Masson and Sleeth, of the General Hospital, Edmonton; Miss Steeves, of the Royal Victoria Hospital, Montreal, Misses Slattery, McConachie, Lamsdale and Richardson.

The new wing of the Royal Alexandra Hospital, Edmonton, was formally opened on February 28th, and is being filled with patients since the doors were open.

Her many friends will be pleased to hear that Miss Conlin, who met with an accident last autumn while on duty in the Pouce Coupe district, was recently allowed out of bed and is slowly convalescing.

Miss Martha Morkin, of the P.H.N. staff, is also recovering from the effects of her accident.

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BRITISH COLUMBIA

VANCOUVER

The regular meeting of the V.G.H. Alumnæ was held March 7th. Reports were given of the Dance Committee and the Sick Benefit Committee with discussion of plans for layettes for China, and for raising funds for the national memorial fund for overseas nurses.

Miss Dorothy Jolliffe, V.G.H., 1920, has recently assumed charge of the operating room, Golden Gate State Hospital, Los Angeles, California.

The regular meeting of the V.G.H.A.A. was held in the Nurses' Home on March 7th. Reports of the dance committee were given, showing a substantial balance on hand, which will form the nucleus of the sick benefit fund. Other general business was discussed. Officers elected for the ensuing year are as follows: Hon. President, Miss K. Ellis; President, Mrs. Spicer; 1st Vice-President, Miss M. Currie; 2nd Vice-President, Miss McLean; Secretary-Treasurer, Miss M. Harris. Executive Committee, Misses McArthur, M. Bond, E. Boultbee, H. Smith, H. Rice and G. Dawe (convener); Social Committee, Miss E. Knight, convener; Programme Committee, Miss H. Bennett, convener; Sick Visiting Committee, Miss Snelgrove; Canadian Nurse representative, Miss H. Rose. Regular meeting First Tuesday of each month at 8 p.m.

Misses Rhodes (1912) and Milne (1914) have joined the staff of the Hospital at White Horse, Yukon.

Miss E. Craig (1912), who has been nursing in Alberta for the past few years, is at present in Vancouver.

Miss Grace Dawe is at present in California.

VICTORIA

Mrs. Bullock-Webster, who, by the way, was the first nurse to graduate from the training school of the Provincial Royal Jubilee Hospital, has been re-elected president of the Alumnæ of that institution. The annual meeting was held March 6th, when the officers were elected. 1st Vice-President, Mrs. Archer Johnson; 2nd Vice-President, Miss Helen McIntosh; Secretary, Mrs. Chambers; Treasurer, Miss Gurd. Fourteen new beds were purchased for the woman's ward at the Jubilee Hospital, which is the special work taken up by the Alumnæ. $75.00 was given for bedside tables. A campaign to enrol all graduates as members of the Alumnæ is under way.

BIRTHS

Wright—At Montreal Maternity Hospital, February 25th, to Mr. and Mrs. Herbert K. Wright (B. M. Cavanagh, R.V.H., 1911), a daughter.

Hamilton—At Massawippi, Quebec, February 20th, to Mr. and Mrs. T. Y. Hamilton (Muriel Boulden, R.V.H., 1916), a son.

Dawson—At Montreal Maternity Hospital, March 2nd, to Mr. and Mrs. Harold G. Dawson (Blanche Martin, R.V.H., 1918), a daughter.

Ball—At Victoria, B.C., January 29th, to Mr. and Mrs. Charles Edward Ball (Nell King, R.V.H., 1915), a son.

Gillies—At the Bute Street Hospital, Vancouver, B.C., on March 13th, to Dr. and Mrs. G. E. Gillies (Edith Blair, V.G.H.,) a daughter.

Blair—To Dr. and Mrs. William Blair, of Perth, Ontario, a daughter. Mrs. Blair was Miss Emma Moore (K.G.H., 1913).

Kerr—To Mr. and Mrs. Kerr (Ethel Simmons, K.G.H., 1919), a daughter.

McKendry—At Melfort, Saskatchewan, on December 28th, 1921, to Mr. and Mrs. McKendry (Anna M. Pufhal, Grey Nuns' Hospital, Regina, '19), a son (Russell Gordon).

Hyde—At the Toronto General Hospital, February 7th, 1922, to Mr. and Mrs. J. S. Hyde (C. Mildred Hunter, Vancouver General Hospital, 1917), a daughter.

Davey—On January 7th, 1922, in Sherbrooke, to the wife of Wilfred Davey (Alice Mitchell, 1913, Sherbrooke Hospital), a son John Mitchell).

MARRIAGES

Martin-Royds—On February 20th, 1922, at St. John's Church, by the Rev. John Antle, Dulcebella Royds (St. Paul's Hospital, Vancouver) to Mr. Leslie Martin. Both bride and groom served overseas.

Winter-Phillips—In Vancouver, February 13th, 1922, by the Rev. W. E. Ker Dorothy Phillips (Royal Columbian Hospital, New Westminster, B.C.) to Mr. Arthu Winter.

Hunter-Preston—In Saskatoon, Sask., February 11th, 1922, Miss W. B. Preston (St. Paul's Hospital, Saskatoon, 1919) to Mr. H. S. Hunter.

McCulloch-Blair—On March 1st, at Steveston, B.C., Miss Blair (V.G.H., 1919) to Mr. Charles McCulloch. Mr. and Mrs. McCulloch will make their home in Armstrong, B.C.

Johnston-Donkin—At Montreal, in St. James the Apostle Church, on November 3rd, 1921, Gertrude O. Donkin to Dr. Guy Johnston. Mrs. Johnston is a graduate of the Women's Hospital, Montreal.

Smith-Earl—At the Metropolitan Methodist Church, Regina, on June 15th, 1921, Eva M. Earl (Webyurn General Hospital, '18), to Mr. L. T. R. Smith. Mr. and Mrs. Smith are residing in Melfort, Saskatchewan.

Fowkes-Glenn—On January 25th, 1922, by Rev. G. W. Savary (rector of St. James' Church), John T. Fowkes, M.D.C.M., Clayton, N.Y., to Madge E. Glenn (Kingston General Hospital), Kingston, Ont.

Houston-Davis—At St. Mark's Episcopal Church, Brooklyn, N.Y., on January 7th, 1922, J. Fred Houston, M.D.C.M., of Hamilton, to Marion A. Davis (K.G.H., '19), Kingston, Ont.

DEATHS

Kyle—At Guelph General Hospital, February 24th, 1922, Olive Griffin (Guelph General Hospital, 1912), wife of Dr. Kyle, of Guelph.

Lawrence—At the Vancouver General Hospital, March 5th, 1922, Mary Helen Lawrence, graduate of the New York Hospital, New York City. Interred in Niagara Falls, Ontario.

McPhee—At Nanaimo, B.C., March 16th, 1922, Cecily Collishaw (Royal Columbian Hospital, New Westminster, B.C.), beloved wife of F. W. McPhee, M.D., of Nanaimo.

Copeland—At the Philadelphia Hospital for Contagious Diseases, March 4th, 1922, of lobar pneumonia, Miss Elsie C. Copeland, graduate of the City Hospital, Glasgow, Scotland. Miss Copeland was in the service of the hospital from July 13th, 1921, to the date of her death. Funeral services were held in Philadelphia, Penn., in the Westminster Cemetery.

MacCarthy—At Montreal, on November 17th, 1921, of meningitis. Mrs. MacCarthy was formerly Maria O. Quinlin, a graduate of the Women's Hospital, Montreal, in 1911.

The Harlem Registry for Nurses, 34 West 126th St., New York City, has vacancies for nurses wishing to do private, or institutional work. For terms, etc., address: Registrar, Harlem Registry for Nurses, 34 West 126th Street, New York, N.Y.

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ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

Honorary President, Miss Mary Shaw; President, Mrs. M. K. Craig; First Vice-President, Miss White; Second Vice-President, Miss MacKay; Recording Secretary, Miss A. Murphy, 247 St. Cyrille Street, Quebec; Corresponding Secretary, Miss Una Gale; Treasurer, Miss M. Fischer.

Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

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Honorary President, Miss E. A. Draper; President, Miss Goodhue; First Vice-President, Miss A. L. Campbell; Second Vice-President, Miss Bellhouse; Recording-Secretary, Mrs. E. Roberts, 360 Prudhomme Avenue; Corresponding-Secretary, Miss M. A. Prescott; Treasurer, Miss Lillian Pidgeon; Treasurer of Pension Fund, Miss Milla MacLellan;; Executive Committee—Miss Hersey, Miss A. M. Hall, Miss Etter, Mrs. Stanley, Miss Guernsey, Miss B. Stewart; Programme Committee, Miss Katherine Davidson; Representative to Canadian Nurse, Miss Grace Martin; Representatives to Local Council of Women, Mrs. H. T. Lyons and Miss Winnifred Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Avenue West. Phone Up. 3861. Regular meeting—Second Wednesday, at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

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Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

Convener of Programme Committee—Miss Ada Chisholm.

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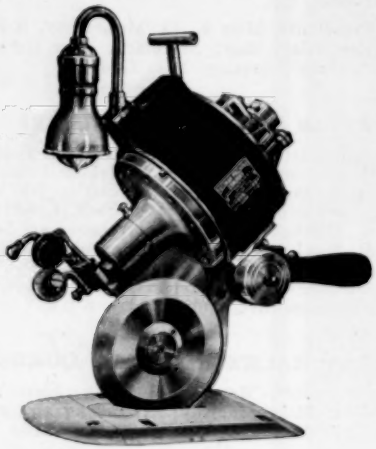

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Regular Monthly Meeting—Third Wednesday, 8 p.m.

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DR. JUNIOR: "*I read an article by Williams—'Common Aids'—*"

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DR. JUNIOR: "*Yes, but I don't recall Ochsner's paper—*"

DR. SENIOR: "*Here it is, 'Biochemistry of Topical Applications' read before the Southern Surgical and Gynecological Ass'n.—'Osmosis is not dependent on the semi-permeability of the membranes, but on the chemical affinity different substances have for each other. Concentration of the solution is also an important determining factor. Clinically, laboratory experiments can be duplicated by using solutions of boric acid and water as a wet dressing. A saturated solution of boric acid when applied to the skin will invariably appear in the urine in appreciable quantities within an hour', and so on. Now—Antiphlogistine has a decided osmotic action and it contains boric acid in combination with Oils of Eucalyptus and Gaultheria—all three non-toxic-antiseptics—*"

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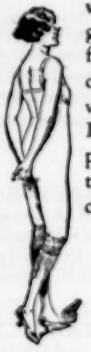

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